

APPLICATION FOR REGISTRATION OF WEIGHTS AND MEASURING DEVICES

INSTRUCTIONS:

All spaces must be completed – please print or type. This application **must be accompanied by a check or money order for the appropriate fee as listed below**, made payable to: “City of Danbury”. Application fees are non-refundable.

Return your completed application and fee to: **Health and Housing Department, 155 Deer Hill Avenue, Danbury, CT 06810**

Business Trade Name			Federal ID or Soc. Sec No.	
Business Street Address (Location of Business)	City	State	Zip Code	Business Telephone Number
Corporation Name (If Applicable)			Billing Address	
Applicant's Name			Applicant's Title	

DEVICE TYPE	FEE PER UNIT	NO. UNITS	TOTAL AMOUNT	DEVICE TYPE	FEE PER UNIT	NO. UNITS	TOTAL AMOUNT
Scale 0 to 50 lbs. capacity	\$ 35.00			Truck Petroleum Meter	\$ 70.00		
Scale over 50 lbs. capacity	\$140.00			Taxi Meter	\$ 35.00		
Retail Petroleum Dispenser Meter	\$ 35.00						
				TOTAL AMOUNT DUE			

I certify that I am authorized to exercise principal authority in the State of Connecticut on behalf of the above applicant for the registration of these weighing and measuring devices. I also subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY					
INSPECTION DATE:		INSPECTED BY:		APPROVED BY:	
FEE DUE:				APPROVAL DATE:	
				FEE COLLECTED:	
				CHECK OR MONEY ORDER #:	
NEW LICENSE <div style="text-align: center;"><input type="checkbox"/></div>	ADDITION OF DEVICES <div style="text-align: center;"><input type="checkbox"/></div>	NAME CHANGE (NO FEE) <div style="text-align: center;"><input type="checkbox"/></div>	RENEWAL APPLICATION <div style="text-align: center;"><input type="checkbox"/></div>	CURRENT REGISTRATION # <div style="text-align: center;"><input type="checkbox"/></div>	
				EXPIRATION DATE:	